



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appin. Of: SUBRAMANIAN et al.

Serial No.:

10/039,486

Filed:

November 9, 2001

For:

Component User Interface Management

Group:

2173

Examiner:

Bonshock, Dennis G.

DOCKET: GSH 08-892801

MAIL STOP AMENDMENTS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## <u>AMENDMENT A</u>

Dear Sir:

This Amendment is being filed in response to the Official Action mailed July 2, 2004.

A Petition For One Month Extension of Time accompanies this Amendment.

Please amend the Application as follows:

Amendments to the Claims begin on page 2 of this Amendment.

Remarks/Arguments begin on page 10 of this Amendment.

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126.00 DP

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12/15/2004 BHILLIAR 00000002 081391 10039486

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176.00 DA

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

65H08-892801

		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			1/4				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			(V minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ე minus 3 =		• U			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PI			RESENT		\		Ì	+140=		OR	+280=	
* If the difference in column 1 is			less than zero, enter "0" ir			olumn 2	Į	TOTAL		OR	TOTAL	
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AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		. RATE	ADDI- TIONAL FEE
	Total	• 27	Minus	** ~	20	= 7		X\$ 9=		OR	X\$18=	126
	Independent	* 9	Minus	ENDEN	Z F.C.LAIM	= 2		X42=		OR	X8 <del>§</del> =	176
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	R307
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		<b>=</b>		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F C1 AB4	•	1	X42=		OR	X84=	
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			•				L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	` .	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=	
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	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		J }		7	OR	<b></b>	
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.									OR	+280= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L
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